Saskatchewan Cancer Agency

Excellence in Patient Care & Cancer Control

ANNUAL REPORT 2001-2002

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Letter of Transmittal

The Honourable John T. Nilson, Q.C.
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

As the Chairperson of the Saskatchewan Cancer Agency Board of Directors, I have the honour to submit herewith the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2002.

Respectfully submitted,

(Ms.) Pat Krueger
Chairperson

Introduction

The tabling requirements legislated by the Government of Saskatchewan ensure that timely and accountable financial information is available to the public earlier than in the past. The Saskatchewan Cancer Agency welcomes the earlier tabling of annual reports, but at the same time has had to make several changes to our annual report as a result of the earlier timetable.

Historically, the Agency's annual report included annual statistics on cancer incidence and mortality. Due to the complexity of this information and to ensure accurate and comprehensive data, these tables will not be presented within this year's annual report. The Agency will be publishing these tables later in the year (fall of 2002) when the Cancer Registry information is finalized.

In the near future, it is the Agency's intent to provide health professionals and the public with a comprehensive cancer control report, which will include incidence, mortality and other quality indicators.

It is our expectation that the data will show the progress being made in Saskatchewan's cancer control program and will also identify where improvements are still required. We anticipate this new format will be available mid 2003.

Information

Public information available:

- Annual Report
- Saskatchewan Cancer Agency brochures
- List of Payees

Saskatchewan Cancer Agency phone numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Health Research (Saskatoon) • 306-655-2778

Prevention and Early Detection • Toll Free in Saskatchewan 1-800-667-0017

Quality Care Coordinator • 306-655-2678

Mission

"Excellence in patient care and cancer control"

Vision

"An improved quality of life and health of people by minimizing the impact of cancer"

Values

Respect
Equity
Excellence
Accountability
Compassion
Honesty

Board of Directors

Ms. Pat Krueger, North Battleford (Chairperson)
Ms. Kathy Zaitsoff, Saskatoon (Vice-Chairperson)
Dr. Charles Baker, Saskatoon (July 2001)*
Ms. Lena Dubray, Meadow Lake
Ms. Diana Ermel, Regina
Ms. Mary Gilliland, Saskatoon
Ms. Marion Heavin, Melfort
Dr. Craig Milne, Regina
Ms. Jean Perkins, Codette
Dr. David Popkin, Saskatoon (until June 2001)
Mr. Gary Semenchuck, Regina
Ms. Dolores Tumbach, Leader

Management Coordinating Committee

Mr. Bob Allen	Chief Executive Officer
Mr. Dennis Karakochuk	Executive Director Human Resources
Ms. Nancy Guebert (until August 2001)	Executive Director Education and Corporate Affairs
Ms. Judy Nurse (September 2001)	Executive Director Education and Corporate Affairs
Dr. Ten Suan Goh	Executive Director Allan Blair Cancer Centre
Ms. Huguette Gauthier	Associate Executive Director Allan Blair Cancer Centre
Dr. Mohamed Mohamed	Executive Director Saskatoon Cancer Centre
Mr. Ivan Olfert	Associate Executive Director Saskatoon Cancer Centre
Dr. Svein Carlsen	Executive Director Health Research
Mr. Bill Morton	Executive Director Information Management
Mr. Kevin Lacey	Executive Director Finance
Ms. Lois Harrison	Director Screening Programs

* *non-voting board member*

Report of the Chairperson

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Foundation Act* and is committed to the provision of quality patient care and cancer control for the Province of Saskatchewan. The Agency's goal is to minimize the impact of cancer on the people of Saskatchewan. This is not an insignificant challenge when one considers the incidence of cancer today and future projections. In a National Post article dated October 9, 2001, the World Health Organization suggested there will be 9 million new cancer cases each year and that 5 million people will die from it. The annual incidence will rise to 20 million cases by 2020, mainly because of longer life spans, changing lifestyles and tobacco use. That is the bad news; the good news is that many cancers are preventable or can be treated successfully when detected early, sometimes even at a pre-cancerous stage. The challenge the Agency faces is to provide quality treatment services while providing appropriate intervention through education, prevention, early detection and research programs to minimize the impact of the diseases of cancer on future generations.

Funding

As will be noted in this report, funding for the provision of cancer services in Saskatchewan comes almost entirely from government financial support through Saskatchewan Health. The Agency is appreciative of the confidence shown by the Government of Saskatchewan in providing operating funds for cancer services. As well, we wish to once again acknowledge the capital funding received in 2000-01, which will allow for the opening of a new linear accelerator at the Allan Blair Cancer Centre in Regina in the fall of 2002. In 2001-02, the Agency received $3.5 million to replace radiation therapy equipment.

Another highlight of this year's activities was the announcement in January 2002 of the province's new Prevention Program for Cervical Cancer by the Honourable John T. Nilson, Minister of Health. The goal of this program, developed and supervised by the Agency's Prevention and Early Detection Division, is to ensure appropriate screening for cervical cancer. The objective of screening is the early detection of pre-symptomatic disease in order to permit treatment that is more effective or easier to apply at that stage. The program also provides unique educational opportunities -- to educate one generation of women about a largely preventable disease, to encourage them to pass this knowledge on to their daughters and, hopefully, to develop healthy attitudes about a woman's disease with a focus on risk factors associated with developing cervical cancer.

The Screening Program for Breast Cancer has had a major impact on the lives of women in Saskatchewan since its inception in 1990. We look to similar success with the Prevention Program for Cervical Cancer.

Board Policy Development

The Board and senior management came together for a retreat in October 2001, with the focus on quality monitoring. A frequently-asked question is, "How well is the Agency doing in achieving an improved quality of health and life for the people of Saskatchewan by minimizing the impact of cancer, and what data needs to be collected to provide performance indicators?" As a result, a Board Monitoring Policy has been formalized to define methods and frequency for monitoring Agency activities.

The Agency has also begun preparation for its third accreditation survey to be conducted by the Canadian Council for Health Services Accreditation. Accreditation will take place in October 2002.

A third initiative has been the commitment to a comprehensive Agency-wide strategic planning process to review and revise the Agency's current Mission, Vision, Values and Ends policies, with a view to meeting future needs for cancer services in Saskatchewan. Agency staff are an invaluable resource and were given an opportunity to contribute to the strategic plan. Another important aspect of this process was meetings in spring 2002 with stakeholders to provide an external perspective.

Linkages

The Government of Saskatchewan's release of The Action Plan for Saskatchewan Health, with its subsequent announcement of the new regional health authorities, provides new opportunities for the Agency to establish effective linkages with its health partners. We particularly look forward to the development of the Leadership Council, Minister's Forum and Community Advisory Committees.

Medical Appointments

A major quality indicator in the provision of cancer treatment services is the number of patients on waiting lists and waiting time for treatments. The Board commends the staff of the Agency for services rendered "above and beyond the call of duty" to provide timely and accessible services to patients, and to management for successful recruitment of a number of new physicians to the Agency's medical staff. This presents a major challenge considering the availability of short-market specialists, especially oncologists, in Canada.

On the recommendation of management, the Board approved medical appointments, including:

- Allan Blair Cancer Centre
  - Dr. Ross Shiels, Radiation Oncologist

- Saskatoon Cancer Centre
  - Dr. Muneer Abidi, Medical Oncologist
  - Dr. Imran Ahmad, Medical Oncologist

We were pleased to announce that Dr. T. S. Goh assumed responsibilities as Executive Director of the Allan Blair Cancer Centre in April 2001. She replaced Dr. Arthur Firth who retired in October 2000.

We look forward to the day when we can approve the appointment of newly-minted, Saskatchewan-trained oncologists, as the Agency proceeds with plans to purchase training seats in neighbouring provinces.

Board Membership

The Board of Directors is comprised of members who come from diverse backgrounds and geographic locations across the province. One position is occupied by the Dean of the College of Medicine, University of Saskatchewan. In June 2001, Dr. David Popkin resigned as Dean of Medicine and therefore left the Board of the Agency. Dr. Charles Baker, Acting Dean of Medicine, took Dr. Popkin's place in July 2001 on the Board. Thank you to Dr. Popkin for eight years of dedicated service to the Board.

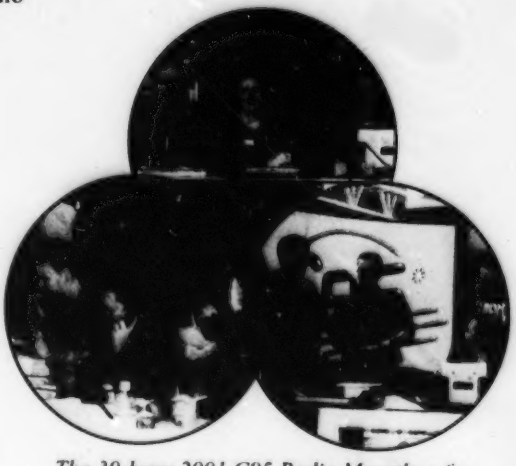
Report of the Chairperson

A Special Event for the Agency

Lisa Rendall, popular morning show co-host at Saskatoon's C95 FM radio station, was diagnosed with metastatic breast cancer in the summer of 2000. Since that time, she has turned her personal battle with the disease into a public opportunity to raise money to support breast cancer research at the Agency through the annual C95 Radio Marathon for Breast Cancer, which takes place in October each year. The total raised from the first two marathons has been over $171,000.

In October 2001, the 2000 C95 Radio Marathon for Breast Cancer Research received the prestigious Golden Ribbon Award from the Canadian Association of Broadcasters for community service. This is the highest honour available to broadcasters in Canada.

Lisa ended her radio career in December 2001, to focus on her health, spend more time with family and work on volunteer projects. She plans to continue raising money for breast cancer research and to write a book about her own experience with metastatic breast cancer.



The 30-hour 2001 C95 Radio Marathon for Breast Cancer took place October 4-5 at the Centre at Circle and 8th Mall in Saskatoon.

A commemorative painting, "A Moment in Time" by Regina portrait artist Julia Penny, of C95 morning show co-hosts Lisa, Ramblin' Dave Scharf and Rob Suski was presented to them and Rawlco Radio at ceremonies held at the Saskatoon Cancer Centre in January 2002.

Sincere thanks to all who have given their time, including Agency staff, breast cancer survivors and their families, and countless other volunteers, to the marathon and spin-off events. Words are totally inadequate to express how much this event means to the Agency.

In Closing

It has been a distinct honour and pleasure to serve as Chairperson of the Board of Directors of the Saskatchewan Cancer Agency. I wish to extend sincere thanks to the members of *Team Saskatchewan Cancer Agency* - Board, management and staff - who truly are dedicated to minimizing the impact of cancer on the lives of the people of Saskatchewan.

Respectfully submitted,

Pat Krueger
Chairperson

Report of the Chief Executive Officer

It is my pleasure to provide the following summary of the Saskatchewan Cancer Agency's activities for the 2001 - 2002 fiscal year.

In last year's report, I briefly summarized the strategic initiatives that had been identified by the Agency in developing a comprehensive cancer control program for the province. Following is a brief status report of the progress the Agency has made towards achieving these strategic initiatives.

Strategic Initiatives . . .

Best Practice and Clinical Guidelines

During the year, significant work was achieved in developing clinical practice guidelines for a number of cancer sites. This work was done in spite of the significant medical staff shortages the orga zation experienced in the past year. Provincial guidelines that have been established to date include breast, prostate, colon, head and neck, ovarian, and skin cancer. Work continues to develop provincial guidelines for all cancer sites. The clinical practice guidelines will be made available to health professionals and the general public in the near future.

In addition to these provincial guidelines, the Agency is also working with other provincial cancer agencies at the national level to develop a comprehensive set of national guidelines. The goal of these initiatives is to provide greater consistency in cancer treatment.

Recruitment and Retention Initiatives

Unfortunately during the past year, the Agency experienced significant turnover in both medical and radiation oncology positions. This turnover, influenced largely by the international shortage of these specialists, caused additional challenges for the two cancer centres in Regina and Saskatoon to maintain a quality level of services. Waiting times for cancer treatment did increase, but because many staff worked longer hours, provided extra clinics after hours and on weekends, the waiting time for cancer treatment was kept at a manageable level. We extend our sincerest appreciation to staff for their ongoing commitment and dedication during these very difficult times.

Our recruiting efforts have taken us further afield than in the past, including extending our contacts into South Africa and New Zealand. As a result, we have been successful in filling many of the vacancies, and we anticipate that by the fall of 2002, the majority of our vacancies will be filled.

The need for a longer-term strategy is obvious to help in managing the recruitment and retention of short-market professionals. We have begun discussions with other provincial medical schools to acquire residency training positions, with a return-for-service commitment, in both medical and radiation oncology.

Long-term Funding of Capital Equipment

Working with Saskatchewan Health, the Agency has been fortunate to receive significant capital equipment grants for the specific purposes of replacing aging treatment equipment. The Agency received a further $3.5 million in 2001-02, which will be used to acquire two new linear accelerators - one for Saskatoon and one for Regina. With these acquisitions, the Allan Blair Cancer Centre in Regina will have three linear accelerators that are 1997 or newer and a new CT simulator that has recently been commissioned. The Saskatoon Cancer Centre will have two linear accelerators that are 2000 or newer, as well as a new CT simulator. The Agency is making good headway in achieving the goal of a complete renewal of all major radiation therapy treatment equipment.

Prevention and Early Detection Initiatives

The Agency received approval to establish the Prevention Program for Cervical Cancer this past fiscal year. Work is well underway in the developmental phases of this program, and it is hoped it will be in full operation by January 2003.

In addition, the Agency has undertaken discussions with a number of stakeholders with respect to developing a comprehensive hereditary cancer screening initiative with initial emphasis on high risk breast and colon cancer. Although these discussions are at the very preliminary stages, it is essential that an integrated approach be taken for the development of such a program, given that many other organizations, including the larger health districts, the University of Saskatchewan, and the College of Medicine are also involved in the development of genetics programs.

Cancer Research

This past year, the Saskatchewan Cancer Agency, along with the University of Saskatchewan - College of Medicine, Health Services Utilization and Research Commission (HSURC), the Canadian Cancer Society - Saskatchewan Division and Saskatchewan Health, established a cancer research network. The purpose of this network is to increase awareness and understanding of cancer research activities currently being undertaken in Saskatchewan, which hopefully will foster greater collaboration among cancer researchers. The network is also focused on facilitating establishment of strategic initiatives for cancer research in the province.

Integrated Information Management System

The Agency successfully completed year one initiatives identified in its Information Management Strategic Plan. Implementation of the strategy, over approximately a four-year period, is a significant step in ensuring the long-term future and success of the Agency in providing timely and state-of-the-art cancer services for Saskatchewan residents.

A new pharmacy system has been selected for installation in both the Allan Blair Cancer Centre and the Saskatoon Cancer Centre to support more effective drug utilization and drug cost management. A new patient scheduling system, also to be installed in both centres, will support more effective and efficient scheduling of patient care.

Technology infrastructure upgrades (i.e. server and workstation upgrades; subscribing to Community Net, the province's high-speed network for the health, education and public sectors) have been implemented as the foundation for future systems to support delivery of cancer care services.

Modern information systems will enable us to maximize our future opportunities. They will enable us to make properly informed evidence-based decisions, measure our outcomes more effectively, and ensure quality services are maintained and enhanced.

Quality Improvement and Monitoring Programs

Significant progress has been made over the past year in the development and evolution of our quality improvement program. The Board has begun to receive and assess various Agency departmental quality indicator reports on a regular basis. Also, this past year the Board developed a Board monitoring process, working closely with the senior management team to develop specific Agency-wide performance indicators that will be regularly monitored and reported.

Report of the Chief Executive Officer

Quality improvement, monitoring and public reporting of outcomes will take on increased importance in the future. Public expectation for greater accountability is increasing. The Agency is fully committed to being more accountable for how we spend public health dollars and the effectiveness of our programs and services. The commitment to providing an annual cancer control report, as highlighted in the introduction of this report, is one of the first steps in achieving this goal.

The Agency has established a Quality of Care Coordinator position that assists in directing patients to the appropriate programs and services to meet their needs, ensure they are well informed of their rights and options and to assist them in resolving any specific concerns they may have about their treatment and the Agency's services. Patient concerns are kept strictly confidential. The Agency Board is informed, in general terms, of any concerns brought forward and of any corrective action taken.

Canadian Strategy on Cancer Control

Through efforts of the Canadian Association of Provincial Cancer Agencies (CAPCA), the Canadian Cancer Society, National Cancer Institute of Canada, and all levels of government, a national strategy for cancer control has been developed. With the participation of volunteers, cancer survivors, health professionals and care givers, the following priorities for action were established:

- Development of standards and guidelines - establish mechanisms and improved capacity for collaborative guidelines and standard development.
- Primary prevention to establish an integrated prevention system.
- Re-balancing focus to improve resources and systems for the delivery of supportive care and rehabilitation and palliative care.
- Human resource planning - establish a human resource planning database, a coordinated approach to health resource planning.
- Establish research priorities through the development of national priorities - establish strategic investments in cancer research.

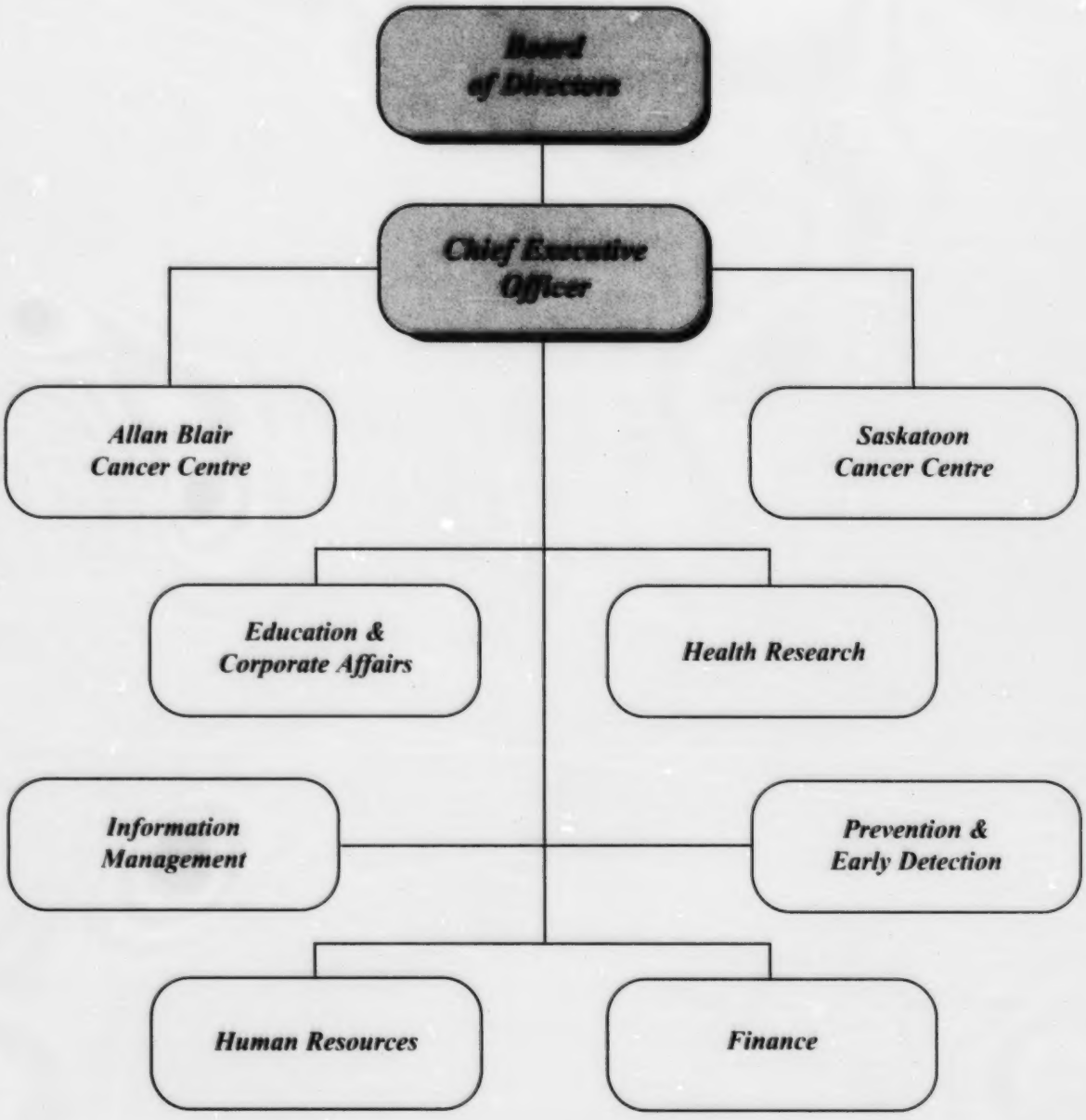
This national vision of a comprehensive cancer control program will act as a beacon for the ongoing development of Saskatchewan's cancer control strategy.

In Conclusion . . .

I would like to take this opportunity to thank the staff and volunteers at the Agency for their continued hard work and dedication to our mission of providing excellence in patient care and cancer control for the people of Saskatchewan. I also thank our many partners and other health sector organizations that have contributed to our success over the past year.

Bob Allen
Chief Executive Officer

Organizational Chart



Treatment

Allan Blair and Saskatoon Cancer Centres

Chemotherapy, chemo ward 8 and pediatric nurses at the Allan Blair Cancer Centre in Regina offer skill, compassion and understanding to the many patients they see each day.

In May 2001, the Allan Blair Cancer Centre hosted a sod-turning ceremony for a new building addition to house a new Siemens linear accelerator. The linear accelerator will be ready for use in the fall of 2002. It has the ability to send a radiation beam in the exact shape of a particular tumour, which will ensure that only the target areas receive treatment. Prior to this technology, beams were sent in a squared pattern and required a radiation therapist to slide shielding blocks to change the shape of the radiation beam going into the patient. A three-dimensional treatment planning system will customize a treatment plan based on an individual's particular tumour size, shape and density. The information gathered will form the actual treatment to be given by the linear accelerator.

At the Saskatoon Cancer Centre, a new CT simulator was installed. This will enhance access and provide additional quality radiation therapy. This new equipment helped in the development of intensity modulated radiation therapy capabilities, which culminated in the Saskatoon Cancer Centre becoming the second radiation oncology facility in North America to successfully complete the demanding accreditation process to participate in the first multi-centre clinical trial of intensity modulated radiation therapy.

The Saskatchewan Cancer Agency Schools of Radiation Therapy, at the Saskatoon Cancer Centre and Allan Blair Cancer Centre, were awarded a six-year accreditation status in November 2001. This status was granted by the Conjoint Committee on Accreditation sponsored by national professional organizations and coordinated by the Canadian Medical Association.

Lymphoedema Program

In January 2000, the Lymphoedema Program commenced at the Allan Blair Cancer Centre in partnership with the Regina Health District. There are two components to this program:

- An education program for women who have undergone axillary surgery and are about to receive radiotherapy or chemotherapy.
- A treatment program for women who have developed the condition.

The Lymphoedema Program saw about 200 active clients with a diagnosis of lymphoedema and 100 newly diagnosed breast cancer patients in 2001.

Agency Mandate Area Highlights

Provincial Stem Cell Transplant Program

The Saskatchewan Stem Cell Transplant program received 33 new referrals for autologous transplants and 10 new referrals for allogeneic transplants (transplants from an outside/external donor) in the past year. New referrals encompassed diagnoses of lymphoma, multiple myeloma, acute myeloid leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia, testicular cancer and myelodysplastic syndrome.

In total, 13 autologous transplants and 6 allogeneic transplants were performed, for a total of 19 transplants in the past fiscal year. The very first unrelated peripheral blood stem cell transplant in Canada was also successfully performed in Saskatoon. This was also the first unrelated transplant performed by our program.

Members of the transplant team continue to provide numerous educational opportunities for health care providers regarding the care of transplant patients.

The Community Oncology Program of Saskatchewan (COPS)

The Community Oncology Program of Saskatchewan is coordinated by the Saskatoon Cancer Centre and the Allan Blair Cancer Centre in partnership with the health districts. Allowing selective chemotherapy treatments to be administered in designated communities throughout the province supports the COPS mandate of:

- Enabling patients to receive treatment closer to home thereby lessening the impact of a cancer diagnosis and its subsequent treatment on patients and their loved ones.

- Ensuring that cancer care delivered in the community is safe, competent, and therapeutically equivalent to the care cancer patients would receive in the Saskatoon Cancer Centre and Allan Blair Cancer Centre. COPS centre polices must be in compliance with Saskatchewan Labour Occupational Health and Safety, and Saskatchewan Cancer Agency policies, standards, and guidelines for the safe preparation, administration, handling and disposal of cancer chemotherapy.

Currently there are 22 certified COPS centres in the province. The COPS program just completed the first phase of its provincial evaluation, which examined services available in each community and their health care facilities. In addition to this evaluation, continuous program monitoring, geographical and population demographics, treatment volumes, and resources available to COPS will be considered in determining the number of COPS centres required in the province to meet the needs of our cancer patients.

A second phase of the evaluation has been developed and will evaluate the above-mentioned services provided to the COPS centres by the Saskatoon Cancer Centre and Allan Blair Cancer Centre. A third phase will evaluate patients' satisfaction with the program.

Agency Mandate Area Highlights

Supportive Care

The Agency has four social workers at the Allan Blair Cancer Centre and five at the Saskatoon Cancer Centre who work in tandem with a patient's treatment program to provide a variety of services, including assessment and consultation, personal services and counselling. Social workers at the cancer centres see about 222 new patients *each* per year and an additional caseload of about 65 patients per month.

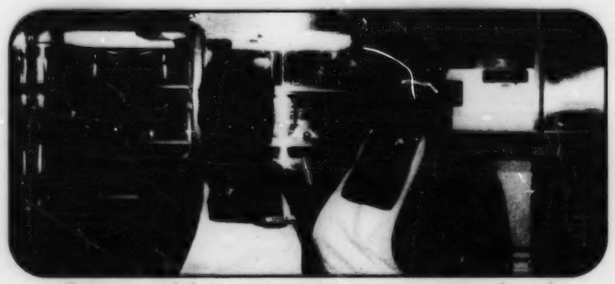
Social workers at both cancer centres are also involved with various support groups, such as Look Good Feel Better, Canadian Prostate Cancer Network, Group for Women with Metastatic Breast Cancer and Relaxation, to name a few. These groups offer guidance and counsel to patients and their families. Social workers also remain committed to providing academic lectures and workshops to educational institutions and community organizations and groups.

Volunteers at the Agency

There are a total of 75 volunteers and 2 volunteer coordinators at the Allan Blair Cancer Centre and the Saskatoon Cancer Centre. Volunteers are an integral part of the daily operations of the Agency. They escort patients to their treatments or diagnostic tests and help patients select wigs and turbans, among other services. There were over 8,000 volunteer hours put in last year at both of the Centres. Approximately 35,276 kilometres were driven by volunteer drivers at the Allan Blair Cancer Centre last year to bring patients to their appointments.

Cancer Patient Lodges

Cancer patients lodges located in Regina and Saskatoon provide room and board for out-of-town patients with cancer. They continue to be viewed as a "home away from home" for these patients. There were 677 patients for a total of 5,742 days and 414 companions for a total of 1,984 days that stayed at the two Lodges over the past year.



Patients, and their companions, receive nutritional meals from staff at the Saskatoon Cancer Patient Lodge.

Prevention and Early Detection

The Prevention and Early Detection Division of the Agency is responsible for the operation and management of the Screening Program for Breast Cancer and the new Prevention Program for Cervical Cancer.

The Screening Program for Breast Cancer (SPBC) was introduced in the province of Saskatchewan in 1990, and sees the highest participation rate in Canada. Each year, SPBC provides mammograms to between 38-40,000 women. SPBC screens women aged 50 to 69 years who are not on active follow-up for breast cancer.

SPBC has two permanent sites (Regina and Saskatoon); five regional sites (Yorkton, Moose Jaw, Swift Current, North Battleford and Prince Albert); and a mobile unit that travels to rural and remote areas of the province on a two-year cycle.

The Prevention Program for Cervical Cancer was announced in early 2002 by the Agency. This program will educate women and health care providers on regular Pap tests, send a notification letter to women to go to their family physician for their Pap test . Regular follow-up is a fundamental part of this population-based program.

Agency Mandate Area Highlights

Research

Research, conducted by the Agency's research scientists and their staff, is a critical key in the fight against cancer.

The Saskatchewan Cancer Agency conducts research in the areas of basic science, translational research, epidemiology and clinical trials. Research activities are coordinated through the Health Research Division.

Basic science attempts to determine the underlying differences between normal and cancerous cells. **Translational research** takes the results of basic research and applies them in a clinical environment (from the lab to the bedside). **Epidemiological research** (population-based research) investigates factors that may increase a person's risk of developing cancer and looks at trends in cancer over time. **Clinical trials** compares new therapies to already existing treatment methods. Oncologists at both cancer centres are involved in multi-centred clinical trials research. Participation in this type of research ensures that the treatment patients are offered is state-of-the-art.

In October 2001, the second annual C95 Radio Marathon for Breast Cancer Research took place in Saskatoon. The proceeds from this marathon go directly to breast cancer research being conducted at the Saskatchewan Cancer Agency.

Please see pages 32 to 34 for a complete listing of research projects and clinical trials involvement.

Education

Education staff made presentations on cancer to the public at many locations around the province, including Lloydminster, Onion Lake, Canora, Yorkton, Springside, Humboldt, La Ronge, and Nipawin. They also worked with the Prostate Group in Regina, the Open Door Society, Aboriginal Grandmothers, African Women's Circle, Spanish women, University of Regina students, Sask Energy and others to raise awareness about the prevention and early detection of cancer. Agency staff are taking a lead role in the Cancer Educators Network, and support the work of the Saskatchewan Coalition on Tobacco Reduction.

ALLAN BLAIR CANCER CENTRE STATISTICS 1997 - 2001

Clinic Appointments

	1997	1998	1999	2000	2001
New Patient Appointments	2,038	2,019	2,058	2,185	2,231
Review Patient Appointments	11,799	12,954	12,359	14,044	15,371
Radiotherapy Treatments	15,488	16,700	17,596	18,118	16,887
Chemotherapy	4,655	5,463	5,745	7,578	8,087

Radiotherapy Treatment Visits by Machine Type

	1997	1998	1999	2000	2001
Brachytherapy	92	79	143	162	71
Linear Accelerator	12,703	13,676	14,868	15,466	15,071
Cobalt	2,223	2,697	2,414	2,373	1,716
Stabilipan	470	248	171	117	29
TOTALS	15,488	16,700	17,596	18,118	16,887

Health Record Activities

	1997	1998	1999	2000	2001
Case Registrations	3,790	4,161	4,427	4,500	4,532
Case Visits Recorded	14,220	15,290	14,512	16,162	17,320
Follow-up Reports	12,473	11,816	12,262	11,805	11,548

SASKATOON CANCER CENTRE STATISTICS 1997 - 2001

Clinic Appointments

	1997	1998	1999	2000	2001
New Patient Appointments	2,077	2,197	2,042	2,012	1,987
Review Patient Appointments	13,356	13,598	13,376	13,552	14,321
Radiotherapy Treatments	18,522	18,854	17,495	16,090	16,384
Chemotherapy	5,234	5,708	4,896	4,627	5,614

Radiotherapy Treatment Visits by Machine Type

	1997	1998	1999	2000	2001
Brachytherapy	17	21	8	15	17
Linear Accelerator	18,126	18,326	17,041	15,594	16,035
X-ray	379	507	446	481	332
TOTALS	18,522	18,854	17,487	16,075	16,384

Health Record Activities

	1997	1998	1999	2000	2001
Case Registrations	3,779	3,962	4,134	3,974	4,142
Case Visits Recorded	13,859	13,675	13,032	12,810	13,552
Follow-up Reports	11,778	11,627	12,169	12,336	13,312

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Review Patient Appointments	13,356	13,598	13,376	13,552	14,321
Radiotherapy Treatments	18,522	18,854	17,495	16,090	16,384
Chemotherapy	5,234	5,708	4,896	4,627	5,614

Radiotherapy Treatment Visits by Machine Type

	1997	1998	1999	2000	2001
Brachytherapy	17	21	8	15	17
Linear Accelerator	18,126	18,326	17,041	15,594	16,035
X-ray	379	507	446	481	332
TOTALS	18,522	18,854	17,487	16,075	16,384

Health Record Activities

	1997	1998	1999	2000	2001
Case Registrations	3,779	3,962	4,134	3,974	4,142
Case Visits Recorded	13,859	13,675	13,032	12,810	13,552
Follow-up Reports	11,778	11,627	12,169	12,336	13,312

SCREENING PROGRAM FOR BREAST CANCER STATISTICS 1997 - 2001

Centre		1997	1998	1999	2000	2001
Regina	# of Mammograms	8,727	8,148	9,396	9,387	9,545
	# of Abnormals	640	637	707	699	662
	# of Cancers	51	42	58	49	41
Saskatoon	# of Mammograms	6,742	6,686	7,072	7,333	7,137
	# of Abnormals	651	535	605	662	619
	# of Cancers	43	31	35	44	40
Swift Current	# of Mammograms	1,296	1,189	1,431	1,349	1,424
	# of Abnormals	88	86	108	92	83
	# of Cancers	11	5	9	4	4
North Battleford	# of Mammograms	1,596	1,351	1,530	1,654	1,537
	# of Abnormals	138	96	132	153	147
	# of Cancers	10	5	8	10	14
Yorkton	# of Mammograms	2,480	2,780	2,712	2,767	2,783
	# of Abnormals	192	194	208	200	198
	# of Cancers	19	6	12	11	12
Moose Jaw	# of Mammograms	1,708	1,787	1,593	2,020	1,886
	# of Abnormals	143	141	141	143	148
	# of Cancers	16	10	7	14	12
Prince Albert	# of Mammograms	2,374	2,037	2,255	2,548	2,427
	# of Abnormals	174	172	196	247	222
	# of Cancers	18	9	8	11	14
Mobile	# of Mammograms	9,035	10,115	9,085	8,312	9,549
	# of Abnormals	643	735	646	602	608
	# of Cancers	65	40	50	40	40
TOTAL	# of Mammograms	33,958	34,093	35,074	35,370	36,288
	# of Abnormals	2,669	2,596	2,743	2,798	2,687
	# of Cancers	233	148	187	183	177

SCREENING PROGRAM FOR BREAST CANCER STATISTICS 1997 - 2001

Centre		1997	1998	1999	2000	2001
Regina	# of Mammograms	8,727	8,148	9,396	9,387	9,545
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	# of Abnormals	2,689	2,596	2,743	2,798	2,687
	# of Cancers	233	148	187	183	177

Report of Management

Management is responsible for the integrity of the financial data reported by the Foundation. Fulfilling this responsibility requires the preparation and presentation of financial statements in accordance with Canadian generally accepted accounting principles which are consistently applied.

Management uses internal accounting controls, offers direction through Foundation-wide policies and procedures, and exercises its best judgement in order that the statements reflect fairly the financial position and results of operations and cash flows.

In order to gather and control financial data, the Foundation has established accounting and reporting systems supported by internal controls. In establishing systems of internal control, management weighs the cost of such systems against the benefits that it believes can be obtained. Management believes that the existing controls provide reasonable assurance that assets are safeguarded and that financial records are reliable for preparing statements and other data and maintaining accountability for assets.

The Provincial Auditor Saskatchewan has examined the Saskatchewan Cancer Foundation's statement of financial position as at March 31, 2002 and the statements of operations and changes in fund balance, and cash flows for the year then ended. Their responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of Management.

Bob Allen
Chief Executive Officer

Kevin A. Lacey, CA
Executive Director, Finance

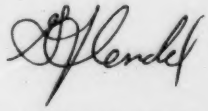
AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Foundation as at March 31, 2002 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Foundation's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Regina, Saskatchewan
May 3, 2002

Fred Wendel, CMA, CA
Acting Provincial Auditor

Statement 1

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FINANCIAL POSITION
As at March 31

	2002						2001
	Operating Funds		Restricted Funds				
	Operating Fund	Division of Prevention & Early Detection	Capital Fund	Research Fund	Trust Fund	Total	Total
ASSETS							
Current Assets:							
Cash and short-term investments (Schedule 2)	$ 3,441,566	$ 1,560,662	$ 5,649,655	$ 322,471	$ 570,098	$ 11,544,452	$ 6,077,010
Accounts receivable:							
Saskatchewan Health -General Revenue Fund	167,064	—	99,723	—	—	266,787	3,310,560
Other and accrued interest	122,648	27,942	24,659	162,084	35,318	372,651	399,674
Prepaid expenses	213,231	17,642	2,268	7,807	2,500	243,448	1,006,441
Due (to) from other funds	(98,076)	(236,632)	601,535	(69,067)	(197,760)	—	—
	3,846,433	1,369,614	6,377,840	423,295	410,156	12,427,338	10,793,685
Investments (Schedule 2)							
(Market $11,230,668; 2001 - $10,830,030)	7,070,981	1,483,050	1,189,400	—	1,529,005	11,272,436	10,742,140
Capital assets (Note 3)	—	—	24,081,356	—	—	24,081,356	21,478,079
	$ 10,917,414	$ 2,852,664	$ 31,648,596	$ 423,295	$ 1,939,161	$ 47,781,130	$ 43,013,904
LIABILITIES AND FUND BALANCES							
Current Liabilities:							
Accounts payable:							
Trade	$ 4,578,541	$ 240,082	$ 601,196	$ 2,648	$ 3,259	$ 5,425,726	$ 3,029,427
Vacation	516,929	5,952	—	—	—	522,881	464,942
Deferred revenue	344,096	217,425	—	—	—	561,521	486,950
	5,439,566	463,459	601,196	2,648	3,259	6,510,128	3,981,319
Fund Balances:							
Invested in capital assets	—	—	24,081,356	—	—	24,081,356	21,478,079
Other capital fund net assets	—	—	6,966,044	—	—	6,966,044	7,846,621
Externally restricted, statement 2	—	—	—	420,647	1,935,902	2,356,549	2,102,666
Unrestricted, statement 2	5,477,848	2,389,205	—	—	—	7,867,053	7,605,219
	5,477,848	2,389,205	31,047,400	420,647	1,935,902	41,271,002	39,032,585
	$ 10,917,414	$ 2,852,664	$ 31,648,596	$ 423,295	$ 1,939,161	$ 47,781,130	$ 43,013,904

(See accompanying notes to the financial statements)

Statement 2

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
Year ended March 31

	Operating Funds				Restricted Funds				
	Operating Fund	Division of Prevention & Early Detection	Total 2002	Total 2001	Capital Fund	Research Fund	Trust Fund	Total 2002	Total 2001
Revenues:									
Saskatchewan Health - General Revenue Fund	$ 37,753,721	$ 2,577,953	$ 40,331,674	$ 35,003,520	$ 3,517,684	$ 345,000	$ —	$ 3,862,684	$ 6,430,000
Grants	—	—	—	—	—	511,278	—	511,278	355,073
Donations and bequests	—	—	—	—	—	—	526,152	526,152	687,812
Other income	713,932	59,822	773,754	895,188	—	104,155	—	104,155	189,347
	38,467,653	2,637,775	41,105,428	35,898,708	3,517,684	960,433	526,152	5,004,269	7,662,232
Expenses:									
Divisions and general administration									
Salaries and employee benefits	21,815,775	1,399,657	23,215,432	20,269,016	—	—	—	—	—
Drugs and medical supplies	11,321,038	—	11,321,038	9,920,339	—	—	—	—	—
Purchased services	2,047,986	—	2,047,986	1,644,033	—	—	—	—	—
Other operating expenditures	3,420,254	916,527	4,336,781	4,487,912	—	—	153,166	153,166	171,836
Research grants (Schedule 1)	—	—	—	—	—	1,091,993	—	1,091,993	1,007,950
Trust fund grants	—	—	—	—	—	—	—	—	2,016
	38,605,053	2,316,184	40,921,237	36,321,300	—	1,091,993	153,166	1,245,159	1,181,804
	(137,400)	321,591	184,191	(422,592)	3,517,684	(131,560)	372,986	3,759,110	6,480,428
Investment income	598,100	146,705	744,805	763,261	185,215	11,399	100,005	296,619	308,564
	460,700	468,296	928,996	340,669	3,702,899	(120,161)	472,991	4,055,729	6,788,992
Less amortization expense	—	—	—	—	2,746,308	—	—	2,746,308	2,538,313
Excess (deficiency) of revenues over expenses	460,700	468,296	928,996	340,669	956,591	(120,161)	472,991	1,309,421	4,250,679
Fund balances, beginning of year	5,475,330	2,129,889	7,605,219	7,686,888	29,324,700	295,021	1,807,645	31,427,366	26,754,369
Interfund transfers (Note 10)	(458,182)	(208,980)	(667,162)	(422,318)	766,109	245,787	(344,734)	667,162	422,318
Fund balances, end of year	$ 5,477,848	$ 2,389,205	$ 7,867,053	$ 7,605,219	$ 31,047,400	$ 420,647	$ 1,935,902	$ 33,403,949	$ 31,427,366

(See accompanying notes to the financial statements)

Statement 3

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF CASH FLOWS
Year Ended March 31

	2002	2001
Cash resources provided by (used in):		
OPERATING ACTIVITIES:		
Excess (deficiency) of revenues over expenses (Statement 2):		
Operating fund	$ 460,700	$ 170,344
Division of Prevention & Early Detection	468,296	170,325
Research fund	(120,161)	(119,236)
Trust fund	472,991	603,598
	1,281,826	825,031
Net change in non-cash working capital (Note 4)	6,362,598	(3,946,948)
Net cash (used in) provided by operating activities	7,644,424	(3,121,917)
INVESTMENT ACTIVITIES:		
Net (acquisition) of capital assets	(5,349,585)	(3,485,645)
Net (acquisition) disposition of investments	(530,296)	896,320
FINANCING ACTIVITIES:		
Payment from General Revenue Fund for capital assets	3,517,684	6,085,000
Other capital fund activities	185,215	219,630
Net change in cash resources during the year	5,467,442	593,388
Cash and short-term investments, beginning of year	6,077,010	5,483,622
Cash and short-term investments, end of year	$ 11,544,452	$ 6,077,010

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2002

1. Legal Status of the Saskatchewan Cancer Foundation

The Foundation was created under provisions of *The Cancer Foundation Act* and commenced operations on August 1, 1979. The Foundation conducts a program for the treatment and prevention of cancer.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund accounting

The accounts of the Foundation are maintained in accordance with the principles of fund accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funding groups:

Unrestricted Funds

i) Operating Fund

The Operating Fund reflects the operations of the Allan Blair Cancer Centre, the Saskatoon Cancer Centre, and their respective patient lodges. Also included are research, public education, and communication activities.

The Cancer Centres provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. They serve as the focal points for the co-ordination of a comprehensive and multi-disciplinary approach to all aspects of care and treatment for cancer patients. The patient lodges provide housing for rural patients who are undergoing treatment at the Cancer Centres.

Research activities include basic and epidemiological research. Basic research attempts to understand, at the cellular and molecular level, the underlying differences between normal and cancerous cells. Epidemiological research involves studying the distribution and determinants of various cancers in specific populations and the application of these studies to cancer control.

Public education and communications through written, oral, and visual media are integral components of a diverse cancer care program.

ii) Prevention & Early Detection

Prevention and early detection programs in this fund are aimed at minimizing the impact of cancer through prevention and control. The Screening Program for Breast Cancer has responsibility for screening mammography for women ages 50-69 years of age in the Province.

Restricted Funds

iii) Capital Fund

The Capital Fund reflects the equity of the Foundation in capital assets. The Capital Fund includes revenues received from the Department of Health - General Revenue Fund. Expenses are primarily amortization of capital assets.

iv) Research Fund

The Department of Health - General Revenue Fund has provided funding to enable the Foundation to support a number of research projects. The Department of Health has attached the following guidelines to the funds:

a) Expenditure of these funds is at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount funded.

b) Research funds, including investment income on the funds, should be kept separate from other funds of the Foundation.

Activities of the fund include clinical trials research which is a scientific method for testing new or combinations of existing treatment modalities against the current standard of treatment for that specific cancer.

v) Trust Fund

The Trust Fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to the general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year received or receivable.

c) Investments

Investments are valued at the lower of cost or net realizable value. Net realizable value is used when there is a loss in investment value that is other than a temporary decline.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold Alterations	5 - 20 years
Equipment	5 - 15 years

d) Pension

Employees of the Foundation participate in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Foundation follows defined contribution plan accounting for its participation in the plan. Accordingly, the Foundation expenses all contributions it is required to make in the year.

3. Capital Assets

	2002			2001
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land & Improvements	$ 280,297	$ ---	$ 280,297	$ 280,297
Buildings	18,359,974	13,242,006	5,117,968	5,932,368
Leasehold Alterations	11,248,069	3,441,840	7,806,229	7,163,952
Equipment & Furniture	27,878,196	17,001,334	10,876,862	8,001,965
Work in Progress	---	---	---	99,497
	$ 57,766,536	$ 33,685,180	$ 24,081,356	$ 21,478,079

Included in equipment and furniture is $2,384,745 of radiation therapy equipment that is not being amortized until it is placed into operation. The equipment is currently being installed and commissioned.

4. Net Change in Non-Cash Working Capital Balances Related to Operations

	2002	2001
(Increase) decrease in accounts receivable	$ 3,070,796	$ (3,212,100)
(Increase) decrease in prepaid expenses	762,993	(915,402)
Increase (decrease) in trade accounts payable	2,396,299	521,586
Increase in vacation accrual	57,939	11,954
Increase (decrease) in deferred revenue	74,571	(352,986)
Net change in non-cash working capital balances related to operations	$ 6,362,598	$ (3,946,948)

5. Pension Plan

Employees of the Foundation participate in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Foundation's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $814,833 (2001 - $725,439) and is included in benefits.

6. Commitments

The Foundation is committed under term leases for office space at the following minimum amounts over the next five years (exclusive of proportionate increases):

2003	$ 190,340
2004	149,760
2005	102,235
2006	84,353
2007	84,353

The Foundation has a $726,716 commitment to complete the purchase and installation of radiation therapy equipment at the Allan Blair Cancer Centre and Saskatoon Cancer Centre during the next fiscal year.

7. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the Province to the Foundation. Under the terms of an agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Foundation so long as they are operated as cancer patient lodges.

8. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown corporations, departments, agencies, boards and commissions related to the Foundation by virtue of common control by the Government of Saskatchewan and non-Crown corporations and enterprises subject to joint control and significant influence by the Government of Saskatchewan (collectively referred to as "related parties").

Drugs and purchased hospital services acquired from related parties are recorded at exchange amounts agreed to by the related parties. These transactions and amounts outstanding at year end are as follows:

	2002	2001
Expenses	$ 17,095,870	$ 14,900,464
Accounts payable	4,233,719	1,643,236

Routine operating transactions with related parties are settled at prevailing market prices under normal trade terms. These transactions and amounts outstanding at year end are as follows:

	2002	2001
Expenses	$ 1,754,789	$ 1,817,632
Accounts payable	43,018	123,235

In addition, the Foundation pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The Regina Clinic is leased from the Regina District Health Board for $1 per year, including a portion of occupancy costs. The Saskatoon Clinic building owned by the Foundation is situated on land not owned by the Foundation. The Foundation is not charged for the use of this land.

Other amounts and transactions with related parties and the terms of settlement are described separately in these financial statements and notes thereto.

9. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest rate risk

The Foundation is exposed to the following interest rate risk when the value of its financial instruments fluctuate due to changes in market interest rates:

- The interest rate risk for the Foundation's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.

- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Foundation's investment portfolio and its future cash flow needs, the Foundation is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit risk

The Foundation is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Foundation's receivables is minimal because they are mostly from the Department of Health - General Revenue Fund or other government organizations. The credit risk for the Foundation's investments and related accrued interest receivable is minimal because investments consist of provincial government bonds and debentures, corporate bonds, and guaranteed investment certificates with large Canadian banks.

d) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying value of the following financial instruments approximate fair value due to their immediate or short-term nature:

  Cash and short-term investments
  Accounts receivable
  Accounts payable

- For investments, the fair value is considered to approximate quoted market values.

10. Interfund Transfers

Interfund transfers consist of funds transferred from the Operating, Division of Prevention and Early Detection, Research, and Trust Funds to the Capital Fund to finance the purchase of capital assets and funds transferred from the Operating Fund to the Research Fund for research activities.

11. Budgets

Schedule 3 compares actual expenditures to Board approved budgeted expenditures for the year ended March 31, 2002.

Schedule 1

SASKATCHEWAN CANCER FOUNDATION RESEARCH FUND
SCHEDULE OF RESEARCH GRANTS
Year Ended March 31

	2002	2001
Participation in North Central Cancer Treatment Group	$ 473,550	$ 548,618
Participation in Children's Oncology Group	225,471	223,648
Participation in Radiation Therapy Oncology Group	75,036	41,429
Characterization of the Role of SAT-1 and ms-1 in Tumour Metastasis, Saskatoon	83,597	85,375
Molecular basis of B72.3 Combining Sites and Synthesis, Saskatoon	6,385	81,048
Impact of Treatment and Prognostic Variable on Differentiated Thyroid Cancer, Regina	4,644	7,835
Radiation Treatment Planning for Lung Cancer, Regina	9,064	4,453
Prostate Cancer Before and During the PSA Era, Saskatoon	22,936	12,792
Cranial Irradiation Revisited, Saskatoon	---	10,550
Effect of Prognositic Factors and Adjuvant Chemotherapy on Dukes' Stage B2 Colon Cancer in Saskatchewan, Regina	4,148	---
Lognormal Modelling for Breast Cancer Patients to Estimate Long-term Survival Probability, Regina	13,489	---
SRC Signalling in Colon Cancer, Saskatoon	46,373	---
Role of p85 in PDGF Receptor Down Regulation, Saskatoon	73,767	---
Generation of Tumour-specific Cytotoxic T Lymphocytes, Saskatoon	57,546	---
Review of Treatment Techniques and Outcomes for Carcinoma of Cervix in Saskatchewan, Regina	200	---
Total	1,096,206	1,015,748
Less capital expenditures	(4,213)	(7,798)
	$ 1,091,993	$ 1,007,950

(See accompanying notes to the financial statements)

Schedule 2

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INVESTMENTS
Year Ended March 31, 2002

	Carrying Value	Maturity Date	Effective Rate
Cash and short-term investments:			
Cash:			
Royal Bank of Canada	$ 11,544,452	---	1.75%
Long-term investments:			
Province of Saskatchewan Savings Bond	100,000	07/15/05	5.75%
Province of Ontario Bond	1,995,200	09/12/07	6.25%
Bell Canada Bond	299,700	01/18/08	6.37%
Province of Saskatchewan Savings Bond	497,000	05/28/08	5.58%
Province of Saskatchewan Savings Bond	489,650	06/02/08	5.88%
Province of Manitoba Bond	995,000	06/02/08	5.90%
Province of Manitoba Bond	319,901	06/02/08	6.12%
MBNA Canada Bank Bond	200,000	09/22/08	6.10%
TD Capital Trust Securities	350,000	12/31/09	7.75%
Province of Nova Scotia Bond	993,900	09/01/10	6.59%
Province of New Brunswick Bond	504,505	07/12/11	5.76%
Province of Ontario Bond	499,750	11/30/11	5.26%
TD Bank Debenture	998,780	07/31/12	6.67%
Bank of Nova Scotia Bond	1,018,500	07/22/13	5.54%
Bank of Nova Scotia Bond	489,250	05/12/14	6.13%
Province of New Brunswick Bond	496,800	12/27/17	6.06%
Province of Newfoundland Debentures	1,024,500	04/17/28	5.97%
	11,272,436		
Total cash and investments	$ 22,816,888		

(See accompanying notes to the financial statements)

Schedule 3

SASKATCHEWAN CANCER FOUNDATION
COMPARISON OF ACTUAL TO BUDGET
Year ended March 31, 2002

	Operating Funds				Restricted Funds			
	Operating Fund		Division of Prevention & Early Detection		Research Fund		Trust Fund	
	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget
Revenues:								
Saskatchewan Health - General Revenue Fund	$ 37,753,721	$ 37,501,702	$ 2,577,953	$ 2,795,378	$ 345,000	$ 345,000	$ —	$ —
Grants	—	—	—	—	511,278	371,497	—	—
Donations and bequests	—	—	—	—	—	—	526,152	491,000
Other income	713,932	704,252	59,822	50,000	104,155	114,373	—	—
	38,467,653	38,205,954	2,637,775	2,845,378	960,433	830,870	526,152	491,000
Expenses:								
Divisions and general administration								
Salaries and employee benefits	21,815,775	23,052,176	1,399,657	1,587,848	—	—	—	—
Drugs and medical supplies	11,321,038	10,442,414	—	—	—	—	—	—
Purchased services	2,047,986	1,648,569	—	—	—	—	—	—
Other operating expenditures	3,420,254	3,505,795	916,527	1,289,030	—	—	153,166	291,450
Research grants (Schedule 1)	—	—	—	—	1,091,993	1,232,559	—	—
	38,605,053	38,648,954	2,316,184	2,876,878	1,091,993	1,232,559	153,166	291,450
	(137,400)	(443,000)	321,591	(31,500)	(131,560)	(401,689)	372,986	199,550
Investment income	598,100	650,000	146,705	120,000	11,399	11,296	100,005	88,000
Excess (deficiency) of revenues over expenses	$ 460,700	$ 207,000	$ 468,296	$ 88,500	$ (120,161)	$ (390,393)	$ 472,991	$ 287,550

	Capital Fund	
	Actual	Budget
Revenues:		
Saskatchewan Health - General Revenue Fund	$ 3,517,684	$ 4,050,000
Investment income	185,215	200,000
	3,702,899	4,250,000
Capital expenditures	5,349,584	8,355,872
Excess of expenditures over revenues	$ (1,646,685)	$ (4,105,872)

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER AGENCY GRANTS (2001-2002)

The role of p85 in PDGF receptor down-regulation - Dr. D. Anderson
High level expression of growth factor receptors contribute to the aggressive growth properties of many human cancers. Defects in the receptor down-regulation pathway, responsible for degrading these activated receptors, have been suggested as a possible mechanism giving rise to the elevated growth factor receptor expression. Results from this study may contribute much needed information about the process of receptor down-regulation and may provide the basic understanding required to develop new treatments aimed at reducing receptor expression levels.

SRC signaling in colon cancer: A genomic and proteomic based feasibility study - Dr. K. Bonham
It is generally accepted that activation or overexpression of c-Src is a contributing factor in the development of several human cancers. The overall long-term goal of this program is to identify genes, which are regulated in a c-Src dependent fashion and thus may be important in the development and progression of colon cancer. To accomplish this, DNA microarray technology will be used to identify changes in gene expression profiles in a human colon cancer tissue culture system.

Characterization of the role of SAT-1 and ms-1 in tumor metastasis - Dr. S. Carlsen
This project involves delineating some of the unique properties of tumor cells capable of metastasis. Using a rat breast tumor model system, we have identified a series of genes whose expression is specifically turned off in highly metastatic cells. We are currently cloning and characterizing the expression of these genes in a variety of cell types. We have also isolated human homologues of these genes and are currently investigating the mechanisms involved in the regulation of the expression of these genes. This research will hopefully provide new information about what causes cancer cells to metastasize.

Effect of prognostic factors and adjuvant chemotherapy on Dukes' stage B2 colon cancer in Saskatchewan, 1989-1998 - Dr. M. Hussain
This study will investigate the survival of patients with B2 colon cancer in Saskatchewan from the years 1989-1998. Survival comparisons between patients treated with and without chemotherapy will be evaluated while controlling for other significant prognostic factors. If high-risk subgroups of patients are identified with improved survival using chemotherapy, the information could be very helpful for altering current treatment practices.

A review and comparison of various treatment techniques and outcomes for carcinoma of the cervix in Saskatchewan, 1987-1999 - Dr. A. Mahmud
Since 1994 a high dose rate remote afterloading unit has been employed for the treatment of carcinoma of the cervix. This retrospective study involves determining the effect that switching to high dose rate brachytherapy has had on the outcome of our treatment of carcinoma of the cervix.

Radiation treatment planning for lung cancer: a transCanada pattern of practice study - Dr. P. Tai
The objective of this study is to determine the current practice of radiation treatment for small cell and non-small cell lung cancer subtypes across Canada. The results of this study will help set up a nation-wide standard for lung cancer treatment.

Lognormal modelling for breast cancer patients using short-term follow-up data to estimate long-term survival probability - Dr. P. Tai
The research proposed is devoted to the investigation of applicability of the Lognormal Model for the analysis of breast cancer data. Prospective trials tend to take a long time to complete and are more expensive to run than retrospective trials. This study will determine if long-term survival rates can be predicted earlier using the Lognormal Model. The ability to predict the results of prospective trials earlier will greatly facilitate these studies.

Generation of tumor-specific T cells by cross-priming of human dendritic cells with phagocytosis of apoptotic breast cancer cells - Dr. J. Xiang
HER2/neu is a human breast cancer marker which can trigger anti-HER2/neu immune responses. This study will look at ways of stimulating dendritic T cells to induce HER2/neu-specific immune responses. The result of these studies will result in new strategies in dendritic cell-based vaccines for the treatment of breast cancer.

Research Projects

EXTERNAL GRANTS (2001-2002)

The Role of A-Raf in Signaling Pathways - Dr. D Anderson.
Funding provided by Canadian Institutes of Health Research (CIHR) Regional Partnership Program

SRC transcriptional regulation and differential promoter utilization - Dr. K. Bonham
Funded by the CIHR

Retrospective immunohistochemistal evaluation of histologically negative mediastinal lymph nodes for detection of occult cancer in non-small cell lung carcinoma - Drs. R. Kennedy and R. Chibbar
Funded by the Royal University Hospital (RUH) Foundation

Steroid receptors and prostate cancer - Dr. R. Chibbar
Funded by the Scientific Teaching and Research Funds, University of Saskatchewan

Estrogen receptor beta as a prognostic factor in breast cancer - Dr. R. Chibbar (Co-investigators: Drs. W. Roesler and S. Carlsen)
Funded by the RUH Foundation

Leukemia Functional Genomics Center - Dr. J. DeCoteau (Co-investigators:Drs. K. Bonham, W. Xiao, T. Kusalik, C. Gutwin, R. van der Jagt and D. Sheridan)
Funded by a Canada Foundation for Innovation Infrastructure Grant (Innovation Fund)

Genomic-Scale RNA Expression Profiling in Human Acute Myeloid Leukemia (AML) - Dr. J. DeCoteau
Funded by a Health Services Utilization and Research Commission (HSURC) Strategic Development Grant

Transforming growth factor beta-1 resistance in human acute leukemia - Dr. J. Decoteau
Funded by the CIHR.

N-myristoyltransferase activity and expression Inoral and maxillofacial carcinomas - Drs R. Sharma and. M.A. Copete
Funded by the Head and Neck Cancer Foundation.

Calmodulin-Regulated Proteins in Heart - Dr. R. Sharma
Funded by the Heart and Stroke Foundation of Saskatchewan

N-myristoyltransferase: A Novel Molecular Target for Cancer - Dr. R. Sharma
Funded by the CIHR

Impact of determining the free PSA ratio using reflex testing in Saskatchewan - J. Tonita (Co-invstigators: A. Riaz and Dr. K. Visvanathan)
Funded by HSURC

How is the viable and sustained Gl-arrested/p523-inhibited state achieved by modulator antineoplastic agent combinations in low passage human fibroblasts? - Dr. R. Warrington
Funded by the Scientific Teaching and Research Fund, College of Medicine, University of Saskatchewan

Propargylamines and cancer chemotherapy - Dr. R. Warrington
Funded by ALVIVA Biopharmaceuticals Inc.

Reprogramming the antitumor immune responses. Converting immune tolerance and enhanced CTL infiltration by cytokine/chemokine gene transfer - Dr. J. Xiang
Funded by the CIHR Regional Partnership Program

Conformationally constrained loop peptides with binding affinity for tumor-specific TAG72 epitope - Dr. J. Xiang
Funded by the Natural Sciences and Engineering Research Council (NSERC)

CLINICAL TRIALS (2001-2002)

Participation in Clinical Trials of the North Central Cancer Treatment Group (NCCTG), National Cancer Institute of Canada (NCIC) Clinical Trials, National Surgical Adjuvant Breast and Bowel Project (NSABP), and Drug Company Studies

For the period April 1, 2001 to March 31, 2002, the Allan Blair Cancer Centre Protocol Office and the Saskatoon Cancer Centre Clinical Trials Office accrued a total of 202 patients in clinical trials. The Allan Blair Protocol Office was following 414 patients in 77 different studies and had 52 active clinical trials during that time period. The Saskatoon Cancer Centre was following 435 patients in 56 different studies and had 32 active clinical trials during that time period. In 2000-01, 59 cancer treatment patients and 43 cancer control patients were enrolled in the NCCTG clinical trials. Eighty-seven (87) patients were enrolled in NCIC clinical trials. Seven patients were accrued to the NSABP study of Tamoxifen and Raloxifene (STAR) for the prevention of breast cancer. One patient was entered in drug company cancer control studies and five patients were entered in drug company cancer treatment studies.

Participation in Children's Oncology Group (COG) - Regina

From April 1, 2001 to March 31, 2002, 19 patients were registered with COG. Of these patients, three were enrolled in both therapeutic and biology studies, two in therapeutic studies only and the remaining 14 patients were registered with COG and given standard treatment. During this period, five new COG protocols were approved. Sixty-four (64) protocols received annual re-approval and 32 addenda were also approved.

Participation in Children's Oncology Group (COG) - Saskatoon

Between April 1, 2000 and March 31, 2001, 18 new pediatric cases were seen at the Saskatoon Cancer Centre. Of these 18 new patients, 6 were enrolled in therapeutic and biology studies, and 1 enrolled in a biology study. The remaining 11 patients were registered with COG and given standard treatment. Also a previously diagnosed patient was enrolled in a late effects study. During this time period, 10 new studies were approved. Fifty-one (51) protocols received annual re-approval and 39 addenda were also approved.

Participation in Radiation Therapy Oncology Group (RTOG) Clinical Trials - Saskatoon

During this period there were 11 active clinical trials and 10 trials open for follow-up. There were 13 new patients recruited to clinical trials, and 54 patients were being followed-up on various clinical trials.

Radiation Treatment Oncology Group (RTOG) - Regina

During this period there were 8 active clinical trials and 1 patient open for follow-up. There were 13 patients recruited to clinical trials.

Publications

Al-Hashmi, I., **DeCoteau, J.**, Gruss, H.J., Zielenska, M., Thorner, P., Poon, A., Reis, M., Freedman, M., and Lorenzana, A. (2001). Establishment of a cytokine-producing anaplastic large-cell lymphoma cell line containing the t(2;5) translocation: potential role of cytokines in clinical manifestations. Leuk. Lymphoma, 40, 599-611.

Aviram, G., Yu, E., **Tai, T.H.P.**, and Lefcoe, M.S. Computed tomography in the assessment of pulmonary injury due to concurrent cheoradiotherapy in advanced non-small cell lung cancer. Can Assoc Radiol J 2001;52:385-391.

Cairns, C., Gordon, J., Li, F., Baca-Estrada, M., Moyana, T., and **Xiang, J.** (2001). Tumor regression of myeloma cells engineered to secrete lymphotactin by chemotaxis of CD4+/CD8+ T cells and neutrophils. J. Immunol., 167, 57-65.

Chen, Z., Dehm, S., Bonham, K., Kamencic, H., Juurlink, B., **Zhang, X.**, Gordon, J.R. and **Xiang, J.** (2001). DNA Array and Biological Characterization of the Impact of the Maturation Status of Mouse Dendritic Cells on Their Phenotype and Antitumor Vaccination Efficacy. Cellular Immunology 214(1) 60-71.

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Dickof, P., Firth, A., Foord, C., and Lusk, V. (2001) Managing radiation therapy queues. Current Oncology 8(3), pp125-149

Dimmock, J.R., Jha, A., Kumar, P., Zello, G.A., Quail, W., Oloo, E.O., Oucharek, J.J., **Pasha, M.K.**, Seitz, D., **Sharma, R.K.**, Allen, T.M., Santos, C.L., Manvathu, E.K., DeClercqui, E., Balzarini, J., and Stables, J.P. (2002). Cytotoxic 1, 4-bix (2-0xo-1-cycloalkylmethylene) benzenes and related compounds. Eur. J. Med. Chem., 37, 35-44.

Fang, Y., **Johnson, L.M.**, Mahon, E.S., and **Anderson, D** (2002). Two phosphorylation-independent sites on p85 SH2 domains bind A-Raf kinase. Biochem. Biophys. Res. Commun., 290, 1267-1274.

Huang, H., Li, F., Cairns, C., Gordon, J., and **Xiang, J.** (2001). Neutrophils and B cells express XCR1 receptor and chemotactically respond to lymphotactin. Biochem. Bioph. Res. Communication, 281, 378-382.

Kakkar, R., Seitz, D.P., Rajala, R.V.S., Radhi, J.M., Wang, X., **Pasha, M.K.**, Wang, R., and **Sharma, R.K.** (2002). Calmodulin-dependent cyclic nucleotide phosphodiesterase in an experimental rat model of cardiac ischemia/reperfusion. Can. J. Physiol. Pharm., 80, 59-66.

Liu, Y., Zhang, X., Zhang, W., Chen, Z., Chan, T., **Ali, K.**, Jia, Z., and **Xiang, J.** Adenovirus-mediated CD-40 ligand-gene engineered dendritic cells elicit enhanced CD 8+ cytotoxic Tcell activation and antitumor immunity. Cancer Gene Therapy 9(2): 202-208, Feb. 2002.

Mahmud, A., Tonita, J., Kirby, A., and **Alvi, R.** Long-Term Outcomes of Differentiated Thyroid Cancer in Saskatchewan, Canada. - International Journal of Radiation Oncology, Biology, Physics. Vol. 50 Number 5, pp 1401-1402, August 1, 2001.

Miller,G.G., McDonald, S.E., Milbrant, K., and **Chibbar, R.** Routine pathological evaluation of pediatric inguinal hernias is not cost effective. Canadian J. Surg. (accepted 2002).

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Schiffman, J., **Haq, M.**, Procopio, F., and Forman, E.N. Ehrlichiosis infection ina 5-year-old boy with neutropenia, anemia, thrombocytopenia, and hepatosplenomegaly.

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Torlakovic, E., Lilleby, W., Torlakovic, G., Fossa, S.D., and **Chibbar, R.** In prostate carcinoma expression of estrogen receptor-beta (ER-?) as detected by PPG5/10 antibody has positive association with Gleason score and with expression of androgen receptor (AR) Human Pathology (accepted 2002).

Wiilenbrock, K., Ichinohasama, R., Kadin, M.E., Miura, I., Terui, T., Meguro, K., Fukuhara, O., **DeCoteau, J.F.**, and Hansmann, M. T cell variant of classical Hodgkin's lymphoma with nodal and cutaneous manifestations demonstrated by single cell polymerase chain reaction. Lab. Invest., 2002, in press.

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Ali, K. Visiting Professor, University Gadjah Mada, Yogyakarta Indonesia: " Development of the Yogyakarta Pediatric Cancer Registry", August 2001.

Ali, K. Invited speaker, "Issues Facing Pediatric Cancer Survivors: Available Resources and Programs" Saskatchewan Cancer Agency and Canadian Cancer Society Conference, Saskatoon, 10 November 2001.

Alvi, R.A., Yuzik, P.G., Whiting, C.F., and **Tonita, J.M.** An Evaluation of the Community Oncology Program of Saskatchewan. Canadian Evaluation Society Conference at the Banff Centre, May 20 - 23, 2001.

Anderson, D.H., Fang, Y., Mahon, E., and King, T. The PI3 kinase p85 SH2 domains bind A-Raf: Evidence for a phosphorylation-independent binding (PIB) site on the SH2 domain, distinct from the phosphotyrosine-dependent binding (PDB) pocket. Poster #481 at the 11th International Conference on Second Messengers and Phosphoproteins in Melbourne, Australia, April 22-26, 2001.

Aryeetey, K., Ziarko, W.P., **Tai, P.T.H., and Ago, C.** Identification of rules for brain metastases and survival time prediction for small cell lung cancer patients. Proceedings of the International Symposium "Intelligent Information System x", June 18-22, 2001. In: Klopotek, M.A., Michalewicz, M., Wierzchon, S.T., editors. Physica-Verlag, Heidelberg, 2001. p.1-12.

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Cadman, P (invited speaker). IMRT QA and Credentialing for the RTOG IMRT Protocol. Annual Western Canadian Medical Physics Conference, March 21-23, 2002, Thunder Bay, ON.

Calvert, B.M. and **Carlsen, S.A.** Identification and characterization of a novel putative metastasis suppressor (ms-1) gene differentially expressed in poorly metastatic rat adenocarcinomas. The 9th Annual Life Sciences Student Research Day. University of Saskatchewan. Jan. 18, 2002.

Chagpar, A., Kerviche, A., Tan, L., Magliocco, A.M., **Walley, B.**, and **DeCoteau, J.F.** Replication Error Positive Phenotype: A Potential Prognostic Marker in Breast Cancer, Abstract 1702, Proceedings of the 37th Annual Meeting of the American Society of Clinical Oncology, San Francisco, CA, May, 2001.

Chagpar, R.B. and **Anderson, D.H.** The regulation of phosphatidylinositol 3'-kinase activity by A-Raf. Poster #15 at the Ninth Annual Life Sciences Student Research Day, University of Saskatchewan, Saskatoon on January 18, 2002.

Chamberlain, D.M. and **Anderson, D.H.** The regulation of Rab5 activity by the p85 subunit of phosphatidylinositol 3'-kinase. Poster #16 at the Ninth Annual Life Sciences Student Research Day, University of Saskatchewan, Saskatoon on January 18, 2002.

Chibbar, R., Fang, X., **Bergen, S., Carlsen, S.**, Hugh, J., and Pasdar, M. Differential expression of estrogen receptors (α and β) is correlated with differential expression of E- and N-cadherin and $\alpha 6$ integrin subtypes in breast carcinomas. Canadian Breast Cancer Research Initiative, Reasons for Hope 2001, Second Scientific Conference, May 3-5, 2001, Quebec City, PQ, Canada.

Chibbar, R., Fang, X., **Bergen, S., Carlsen, S.**, and Pasdar, M. Differential expression of androgen receptor is correlated with differential expression of estrogen receptor-β, E- and N-Cadherin and $\alpha 6$ integrin subtypes in prostate carcinomas. Canadian Association of Pathologists, Annual Meeting, June 25-28, 2001, Quebec City, PQ, Canada.

Dehm, S. and **Bonham, K.** Transcriptional Activation and Alternative Promoter Usage of the Human SRC Gene in Human Colon Cancer Cell Lines. The 9th Annual Life Sciences Student Research Day. University of Saskatchewan. Jan. 18, 2002. This poster was also presented at the CIHR National Poster Competition (University of Manitoba, Winnipeg, June 6, 2001) and was awarded a Gold medal.

Dehm, S., Kostyniuk, C., Batten, D. and **Bonham, K.** Butyrate and other histone deacetylase inhibitors repress SRC transcription in human colon cancer cell lines. AACR special meeting on "Colon Cancer: Genetics to Prevention". March 7-10, 2002, Philadelphia. USA.

Delbert, L and **Carlsen, S. A.** Chloning and characterization of a human homologue of a novel putative metastasis suppressor gene, ms-1, discovered in a R3230Ac rat model system. The 9th Annual Life Sciences Student Research Day. University of Saskatchewan. Jan. 18, 2002.

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Johnson, L.M., Mahon, E.S., and **Anderson, D.H.** Phosphorylation and regulation of the activity of A-Raf substrates. Poster #35 at the Ninth Annual Life Sciences Student Research Day, University of Saskatchewan, Saskatoon on January 18, 2002. Awarded second prize (tied with another) in the category of "M.Sc. graduate student poster".

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Mpofu, C., Leis, A., **Nurse, J.**, and Ewart, P. Needs Assessment of Childhood Cancer Survivors Treated at the Saskatoon Cancer Centre, May 2001. Technical Report prepared for the Saskatchewan Cancer Agency. Abstract presented at Annual Symposium of the Pediatric Oncology Group of Ontario, Nov 2001 and Canadian Association of Nurses in Oncology Annual Conference, Quebec City, Sept 2001.

Pearson, D. and **Budz, D.** Paper presentation on a Review of the Pain and Symptom Management Clinic and its Evaluation made at the Canadian Association of Nurses in Oncology Conference in Quebec City, 2001.

Ritchie, S. and **Bonham, K** Characterization and Regulation of the Human SRC1A Promoter: The Role of Trans-acting Factors in Transcription, Differentiation and Transformation. This poster was presented at the CIHR National Poster Competition (University of Manitoba, Winnipeg, June 6, 2001) and was awarded a Gold medal.

Schwartz, K.A., Schartz, D.E., Davis, J.M., Galbreath, A.D., **Sami, A.**, Pittsley, R.A., Patel, B., Ghosheh, K., Kleibert, G., and Abela, G. Variation in Amount of Platelet Inhibition in Patients on Long-Term Cyclooxygenase Inhibitors, ASA and NANSAIDS. American Society of Hematology Annual Meeting (1139), 2001.

Scott, S., Kimura, T., Sheridan, D.P., and **DeCoteau, J.F.** (2001). Frequency of methylated and unmethylated cyclin-dependent kinase inhibitor promoter alleles in human AML. Proceedings of the American Association for Cancer Research, 42, 477.

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Tai, P., Yu, E., **Tonita, J., Schmid, M.**, Schmidt, M., **Ago, T., Skarsgard, D.**, and **Liem, S.K.** Timing and value of prophylactic cranial irradiation (PCI) in limited stage small cell lung cancer (LSSCLC). American Society of Clinical Oncology, 2001. Poster discussion session and Clin Oncol 2001;13:S3.

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Tai, T.H.P., Tonita, J., Yu, E., **Skarsgard, D., Schmid, M.**, Schmidt, M., **Dickof, P., Ago, T., Jancewicz, M.**, and **Liem, S.K.** Prophylactic cranial irradiation (PCI) in limited stage small cell lung cancer (LSSCLC): role for partial response patients and timing. Poster presentation. Canadian Association of Radiation Oncology Meeting, 2001.

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Thomas, P., Hiebert, L., Wickstrom, M., Ping, T., **Sidhu, N.**, and Tracy B.L. Sensitivity of Endothelial Cells from Different Species to Alpha and X-ray Irradiation. TSRI (Toxic Substances Research Initiative) National Conference, March 5-8, 2002, Ottawa.

Tonita, J., Alvi, R.A. and **Mahmud, A.** Differentiated Thyroid Cancer in Saskatchewan. NAACCR 2001 Annual Meeting. Miami Beach, Florida, June 3-9, 2001.

Torlakovic, E., Lilleby, W., Torlakovic, G., Fossa, S.D., and **Chibbar, R.** In prostate carcinoma expression of estrogen receptor-beta (ER-β) as detected by PPG5/10 antibody has positive association with primary Gleason grade and Gleason score. Canadian Association of Pathologists Annual Meeting, June 18-23, 2001, Calgary, Canada.

Ulmer, M., **Alvi, R.A., Tonita, J.M.**, and Hull, P. Melanoma in Saskatchewan 1970-1999. - Annual Meeting of The North American Association of Central Cancer Registries, Miami Beach, Florida, June 3-9, 2001.

Wong, A., Backer, J.L., Ji, L., **Chibbar, R.** and Pasdar, M. Down regulation of the cadherin-mediated cell-cell adhesion by BCL-2 expression in MCF-7 breast carcinoma line. Canadian Breast Cancer Research Initiative, Reasons for Hope 2001, Second Scientific Conference, May 3-5, 2001, Quebec City, PQ, Canada.

Xiang, J. Lymphotactin expression by engineered myeloma cells drives tumor regression. Mediation by CD4 and CD8 T cells and neutrophils expressing XCRI receptor. 11th Int. Congress of Immunol. Stockholm, Sweden, July 22-27, 2001.

Xiang, J. Synergistic enhancement of antitumor immunity by combining adoptive T cell and chemokine transgene therapies. Rocky Mountain Cell and Gene Therapy, Banff, Alberta, Nov. 7-8, 2001.

Graduate Student Poster Awards

At the 9th Annual Life Sciences Research Day at the University of Saskatchewan on January 18, 2002, the following students in the Cancer Research Unit won awards for their poster presentations:

2nd prize M.Sc. student category: **Calley Kostyniuk** (supervisor Dr. Bonham) Can dietary fibre regulate expression of a colon oncogene?

3rd prize M.Sc. student category: **Lindsey Johnson** (supervisor Dr. Anderson) Phosphorylation and regulation of the activity of A-Raf substrates.

2nd prize postdoc/resident category: **Anees Chagpar** (supervisor Dr. DeCoteau) PTEN: A potential prognostic marker in breast cancer.

Sylvia Fedoruk Prize in Medical Physics

Dr. Sylvia O. Fedoruk, a Medical Physicist with 35 years of dedicated and distinguished service to the Saskatchewan cancer program, retired in December 1986. On the occasion of Dr. Fedoruk's retirement, the Board of the Cancer Agency announced the establishment of the Sylvia Fedoruk Prize in Medical Physics in honour and in recognition of her contributions to cancer control.

This annual award is presented to the author selected as having published the best paper in Medical Physics in the preceding year, and must relate to work carried out within a Canadian institution. An anonymous selection committee, appointed jointly by the Canadian College of Physicists in Medicine and the Canadian Organization of Medical Physics, reviews the entries and recommends the successful candidates.

The award for 2001 was presented to: *B.M.C. McCurdy, K. Luchka, and S.Pistorius,* co-authors of the paper "Dosimetric investigation and portal dose image prediction using an amorphous silicon electronic portal imaging device", published in **Medical Physics**.

Past winners include the following:

1987 *Robert Nishikawa, Gordon Mawdsley, Aaron Fenster, Martin Yaffe*, co-authors of the paper "Scanned-projection digital mammography", published in **Medical Physics**.

1988 *T.R. Mackie, A.F. Bielajew, D.W.O. Rogers, J.J. Battista*, co-authors of the paper "Generation of photon energy deposition kernels using the EGS Monte Carlo code", published in **Physics in Medicine and Biology**.

1989 *Duncan Galbraith*, author of the paper "Low energy imaging and high-energy bremsstrahlung beams", published in **Medical Physics**.

1990 *Alex Bielajew*, author of the paper "On the technique of extrapolation to obtain wall correction factors for ion chambers irradiated by photon beams", published in **Medical Physics**.

1991 *Qin-San Xiang, R. Mark Henkelman*, co-authors of the paper "Motion artifact reduction with three-point ghost phase cancellation", published in **Journal of Magnetic Resonance Imaging**.

1992 *D.L.D. Mason, J.J. Battista, R.B. Barnett, A.T. Porter*, co-authors of the paper "Ytterbium-169: calculated physical properties of a new radiation source for brachytherapy", published in **Medical Physics**.

1993 *John M. Sabol, Ian C. Soutar, Donald B. Plewes*, co-authors of the paper "Mammographic scanning equalization radiography", published in **Medical Physics**.

1994 *R.M. Henkelman, G.J. Stanisz, J.K. Kim, M.J. Bronskill*, co-authors of the paper "Anistrophy of NMR properties of tissues", published in **Medical Physics**.

1995 *Wei Zhao, John Rowlands*, co-authors of the paper "X-ray using amorphous selenium: Feasibility of a flat panel self-scanned detector for digital radiology", published in **Medical Physics**.

1996 *Chris Henry, Terry Peters*, co-authors of the paper "Three-dimensional reconstruction of vascular trees. Theory and methodology", published in **Medical Physics**.

1997 *Corey Zankowski, Ervin Podgorsak*, co-authors of the paper, "Calibration of photon and electron beams with an extrapolation chamber", published in **Medical Physics**.

1998 *Robin Kelly, Kevin Jordan, Jerry Battista*, co-authors of the paper, "Optical CT Reconstruction of 3D Dose Distributions using the FBX Gel Dosimeter", published in **Medical Physics**.

1999 *Pratondo Busono, Esam Hussein*, co-authors of the article, "Algorithms for density and composition-discrimination imaging for fourth-generation CT systems", published in **Physics in Medicine and Biology**.

2000 *Martin Lachain, B. Gino Fallone*, co-authors of the article, "Monte Carlo Simulations of X-ray induced Recombination in Amorphous Selenium", published in **Journal of Physics D: Applied Physics**.